

Serious Incident Report

Use of form: Any serious incident meeting the requirements of CW Memo 2017-04L shall be reported to the department. These requirements apply to Residential Care Centers for Children and Youth (RCCs), Group Homes (GHs), Shelter Care (SCs) facilities and private Child Placing Agencies (CPAs). **Use of this form is mandatory.** Personally identifiable information gathered on this form will be used only to determine compliance with the above-mentioned memos and to assist in investigations concerning serious incidents. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: This form shall be completed and emailed to the DCF.SIR@wi.gov. Addendums should be emailed to the same address with a notation that the SIR has been updated in the subject line or body of the email. A copy of the completed form shall be placed in the resident's record. In this form, the term "placement setting" refers to RCCs, GHs, SCs and foster/adoptive homes; "child in out-of-home care" refers to residents/children placed in one of the placement settings.

A. Facility Information

Name – Facility (include RCC unit, if applicable or name of the foster/adoptive home)	Facility ID Number
Address – Facility	Telephone Number – Facility
Number of caregivers and youth present when the incident occurred: #Caregivers to #Children	

B. Incident Type (Check ALL that apply)

<p>*</p> <p><input type="checkbox"/> A reported incident of child abuse or neglect</p> <p><input type="checkbox"/> A suicide attempt</p> <p><input type="checkbox"/> An incident requiring the services of a law enforcement agency</p> <p><input type="checkbox"/> A serious injury or trauma requiring the services of a licensed medical practitioner</p> <p><input type="checkbox"/> A medication administration error (RCC, GH and SC Only)</p> <p><input type="checkbox"/> Any damage to the premises that would affect compliance with licensing rules</p>	<p><input type="checkbox"/> Any condition requiring the closure of the placement setting or a unit within the placement setting, to include implementation of the disaster plan, which necessitates removal of residents from the placement setting</p> <p><input type="checkbox"/> A fire at the placement setting that requires the services of the fire department</p> <p><input type="checkbox"/> An outbreak of a serious communicable disease as defined in DHS 145 Appendix A</p> <p><input type="checkbox"/> Any use of a restraint a child in out-of-home-care (GH, SC and CPA Only)</p> <p><input type="checkbox"/> Any injury of a child in out-of-home-care sustained during the use of a restraint</p> <p><input type="checkbox"/> Any use of physical force to apprehend a resident with Type 2 status attempting to AWOL (RCC only)</p> <p><input type="checkbox"/> The death of a child in out-of-home care (must be reported within 24 hours)</p>
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C. What Happened (Write "N/A" when sections are not relevant to the incident being reported.)

Date of Occurrence: Time (Begin): Time (End): Location of the Incident:

Briefly summarize what happened; additional information can be provided in other fields below.

Describe the safety plan to ensure the safety of the child involved in the incident as well as the safety of other children.

For incidents involving a **child(ren) who was dysregulated**, identify what is believed to have triggered the incident. ("Dysregulated" refers to emotional dysregulation that results in behaviors, such as angry outbursts, destroying or throwing objects, aggression towards self or others, and threats to kill oneself.)

If similar incident involving this child(ren) have occurred in the past three months, provide the dates of the incidents and a brief summary of the actions taken by the agency to prevent further incidents.

For incidents involving **physical restraint**, identify the imminent danger that led to this intervention being necessary. ("Physical restraint" refers to a physical act that immobilizes the movement of any part of a child's body as a means of behavior intervention or control.)

Describe the efforts made to de-escalate the situation and any alternatives to restraint that were attempted and why you believe the efforts were not successful in this instance.

Describe the type of restraint(s) utilized and, if not the least restrictive, the reason more restrictive interventions were deemed necessary.

Describe the verbal/physical behavior of the child during and after the use of the restraint.

Describe the verbal/physical behavior of the caregiver during and after the use of restraint.

Indicate the beginning and ending time of the restraint, as well as how the restraint ended.

Describe any injuries sustained by a child or caregiver during the restraint; including how it is believed the injury was sustained and any medical care received (provide the name and title of the person providing care in Section H).

Provide a description of any crisis intervention training each staff member or foster parent(s) involved in the restraint has received, including dates of completion.

D. Child(ren) in Out-of-Home Care Involved in the Incident

Name	Birthdate (mm/dd/yyyy)	Placing Agency Information (Agency Name; Worker Name, Phone and Email; Date of Placement)
Name	Birthdate (mm/dd/yyyy)	Placing Agency Information (Agency Name; Worker Name, Phone and Email; Date of Placement)
Name	Birthdate (mm/dd/yyyy)	Placing Agency Information (Agency Name; Worker Name, Phone and Email; Date of Placement)
Name	Birthdate (mm/dd/yyyy)	Placing Agency Information (Agency Name; Worker Name, Phone and Email; Date of Placement)

E. Caregiver(s) who were present at the time of the incident

Name	Title	Contact Information (Phone and/or Email)
Name	Title	Contact Information (Phone and/or Email)
Name	Title	Contact Information (Phone and/or Email)
Name	Title	Contact Information (Phone and/or Email)

F. Other Individuals/Agencies/Witnesses Involved in the Incident (Medical, Law Enforcement, School, etc.)

Name	Affiliation
Contact Information (Phone/Email/Fax/Address)	
Name	Affiliation
Contact Information (Phone/Email/Fax/Address)	
Name	Affiliation
Contact Information (Phone / Email / Fax / Address)	

G. Agency Response

Describe agency efforts to respond to the incident thus far. Were any changes made to policy, practices or the environment within the agency or placement setting?

Describe the specific measures the agency will take to prevent similar serious incidents.

Describe the debriefing that occurred with the child(ren). Indicate what was learned about the child (triggers, stress responses, coping strategies, needs the child was trying to meet with the behavior, etc.) and what the child learned as a result of the incident.

Describe the debriefing that occurred with caregiver(s) involved in the incident. Indicate what was learned about the caregiver(s) (triggers, stress responses, workload, knowledge, skills, abilities, approach, etc.) and what the caregivers learned as a result of the incident. Identify any resultant changes including corrective action, retraining or additional support?

Given what was learned, indicate the ability of the placement setting to continue meeting the child(ren)'s needs. If the child will remain in the placement setting, please identify any resultant changes in the treatment plan or safety and supervision of the child(ren).

H. Reporting Information

Date – Submitted to Department (mm/dd/yyyy)	Date – Notification of Parent / Guardian / Legal Custodian (mm/dd/yyyy)	Date – Notification of Placing Person / Agency (mm/dd/yyyy)
Name – Person Completing Report*	Title – Person Completing Report	Date – Report Completed
SIGNATURE – Person Completing Report		Date Signed
Name – Supervisor	Title – Supervisor	
SIGNATURE – Supervisor		Date Signed

***If the person completing the report was not directly involved in the incident, attach the written statement(s) of the individual(s) directly involved.**

Note: The SIR will not be considered complete without this statement.